

| PATENT APPLICATION FEE DETERMINATION RECORD                              |                                                |                 |                                    |               | Application or Docket Number<br>956,314 |
|--------------------------------------------------------------------------|------------------------------------------------|-----------------|------------------------------------|---------------|-----------------------------------------|
| Effective October 1, 1992                                                |                                                |                 |                                    |               |                                         |
| CLAIMS AS FILED - PART I                                                 |                                                |                 |                                    |               | SMALL ENTITY OR OTHER THAN SMALL ENTITY |
| (Column 1)                                                               |                                                |                 | (Column 2)                         |               |                                         |
| FOR                                                                      |                                                | NUMBER FILED    | NUMBER EXTRA                       |               | RATE      FEE                           |
| BASIC FEE                                                                |                                                |                 |                                    |               | \$355.00                                |
| TOTAL CLAIMS                                                             |                                                | 16 minus 20 = * |                                    |               | x\$11=                                  |
| INDEPENDENT CLAIMS                                                       |                                                | 5 minus 3 = *   | 2                                  |               | x 37=                                   |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                |                 |                                    |               | +115=                                   |
|                                                                          |                                                |                 |                                    |               | TOTAL                                   |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                 |                                    |               | OR TOTAL 858                            |
| CLAIMS AS AMENDED - PART II                                              |                                                |                 |                                    |               | SMALL ENTITY OR OTHER THAN SMALL ENTITY |
| (Column 1)                                                               |                                                |                 | (Column 2)                         |               | (Column 3)                              |
| <b>AMENDMENT A</b>                                                       | CLAIMS REMAINING AFTER AMENDMENT               |                 | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE ADDITIONAL FEE                     |
|                                                                          | Total                                          | *               | Minus                              | **            | =                                       |
|                                                                          | Independent                                    | *               | Minus                              | ***           | =                                       |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                 |                                    |               |                                         |
|                                                                          |                                                |                 |                                    |               | TOTAL ADDIT. FEE                        |
| <b>AMENDMENT B</b>                                                       | CLAIMS REMAINING AFTER AMENDMENT               |                 | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE ADDITIONAL FEE                     |
|                                                                          | Total                                          | *               | Minus                              | **            | =                                       |
|                                                                          | Independent                                    | *               | Minus                              | ***           | =                                       |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                 |                                    |               |                                         |
|                                                                          |                                                |                 |                                    |               | TOTAL ADDIT. FEE                        |
| <b>AMENDMENT C</b>                                                       | CLAIMS REMAINING AFTER AMENDMENT               |                 | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE ADDITIONAL FEE                     |
|                                                                          | Total                                          | *               | Minus                              | **            | =                                       |
|                                                                          | Independent                                    | *               | Minus                              | ***           | =                                       |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                 |                                    |               |                                         |
|                                                                          |                                                |                 |                                    |               | TOTAL ADDIT. FEE                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.